

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Mobile County Personnel Board bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in files pertaining to my CPS/State Bar records (including any grievance records), employment, military, educational attendance, athletic, personal history, and disciplinary records, medical records, credit records (including credit card and payment device numbers), and law enforcement records, or any record of charge, prosecution or conviction for criminal or civil offenses. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Mobile County Personnel Board to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by State statute or regulation. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE (Include maiden and any other previously used name.)

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
TYPE/PRINT (Include maiden and any other previously used name.)

Social Security Account #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_  
(residence) (contact) (other)